	Connecticut l	Department of	Public H	ealth	Drin	ıking	g Wa	ater Se	ction		
	Water	<b>Quality Monit</b>	oring and	d Com	plia	nce S	Sche	edule			
PWS ID	PWS Name	Quality 1 1 0 1 1 1	6 6		_			lation Owi	ner Type	Primary So	ource
CT016009		GREGATIONAL CHURCH			N		2		Р	GW	
Local Add	ress (where applicable)		Service	Resident	ial Co	mmerc	ial In	dustrial	Combine	d Agricul	ltura
10 CLAPBO	OARD ROAD		Connections	2							
Towns Sei	rved: BRIDGEWATER										
		Monito	oring Requ	iremer	nts						
Water Sy	stem Facility: <b>DISTRIBU</b>	TION SYSTEM (WSF II	D: 00600)								
<b>Total Co</b>	liform (3100)							1 rou	itine (RT	per qua	rter
Samj	pling Point (Sampling Point	ID)		Monitoring Period Co			ollecti	ion Period	Comp	liance Sta	itus
Selec	ct from Inventory of Active S	ampling Points	:	10/1/18 -	12/31/	18			C	Complete	
				1/1/19 -	3/31/1	9			C	omplete	
				4/1/19 -	6/30/1	9					
				7/1/19 -	9/30/1	9					
Physical	Parameters (PPS)							1 rou	itine (RT	per qua	rter
Samj	pling Point (Sampling Point	ID)		Monitorin	ng Perio	od C	ollecti	ion Period	Comp	liance Sta	itus
Selec	ct from Inventory of Active S	ampling Points		10/1/18 - 12/31/18					C	omplete	
				1/1/19 -	3/31/1	9			C	omplete	
				4/1/19 -	6/30/1	9					
				7/1/19 -	9/30/1	9					
Water Sy	stem Facility: ENTRY PO	INT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	routine (	RT) per y	/ear
Samj	pling Point (Sampling Point	ID)				od C	Collection Period		Comp	Compliance Status	
ENTF	RY POINT (3)		1/1/18 - 12/31/18					C	omplete		
			1/1/19 - 12/31/19						C	omplete	
				1/1/20 - 1	12/31/2	20					
		Other Co	ompliance	Sched	ules						
Complian	ce Schedule Activity			E	ue Dat	te		Achieved	Date		
RESPOND	TO SANITARY SURVEY			1,	/21/20:	15					
	Wa	iter System Facili	ty and Sar	npling	Point	t Inve	ntor	у			
Water						T	otal	Lead and			
System	Water System Facility	Sampling Point		nt			iform	Copper			tage
Facility ID	)	ID	Description		Sta	tus F	Rule	Rule Tier	Asbesto	s WQP 2	DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	P	Ą	Υ				
		DOWNSTREAM				Ą					
		UPSTREAM	WITHIN 5 SER	VICE CON	P	4					
00700	ENTRY POINT	3	ENTRY POINT		P	A					
10061	WELL	2	WELL		A	Α					
		Con	tact Inforr	mation							
Name		Or	ganization	ion					Job Title		
Mr. Peter	M. Hammond	Br	Bridgewater Cong Church				Minister				
Mailing M	ddress Line One	Mailing Address	s Line Two				Ci	ty	State	Zip Coc	de

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Bridgewater

officebwucc@gmail.com

Emergency Phone Email Address

860-354-7373

CT

06752

P. O. Box 7

Fax

**Business Phone** 

860-354-8283

Extension

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

Water Quality Fromtering and domphanes beneaute										
PWS ID	S ID PWS Name				Population	Owner Type	Primary Source			
CT0160092	BRIDGEWATER CONGREGATIONAL CHURCH	NC	25	Р	GW					
Local Address (v	Local Address (where applicable)			ntial Commerc	ial Industr	ial Combin	ed Agricultural			
10 CLAPBOARD	Connections	2								
Tarring Comused. I	DDIDCEMATED	•				*				

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classif	fication F	Population	Owner Type	Primary Source
CT0160024 BRIDGEWATER FIRE DEPARTMENT					NC	25	L	GW
Local Address (v	Service	Residen	tial Commerc		I Industria	al Combine	ed Agricultural	
100 MAIN STREI	Connections			1				

Monitoring Requirements										
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)									
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Physical Parameters (PPS)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status							
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete							
	1/1/19 - 12/31/19									
	1/1/20 - 12/31/20									

Water System Facility and Sampling Point In	vento	ry
	Total	Lead

Water System	Water System Facility		Sampling Point		Total Coliform				Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20287	WELL	2	WELL	Α					
57351	POLY ATMOSPHERIC STORAGE								

TANK

57353 BLADDER TANKS

			_						
			C	ontact Inf	ormation				
Name		Organization	Job Title						
Mr. Arthur J. Murphy				Bridgewater	Bridgewater Fire Department Fire C				
Mailing Address Line One Mailing Addr				ress Line Two			City	State	Zip Code
			P. O. Box 9			Bridgew	ater	СТ	06752
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
860-354-5967						murphy28@charter.net			
Contact Role(s): A	dministrative	Contact							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

C	Connecticut Department of Public Health Drinking Water Section										
	Wat	er Qua	lity Moni	itoring a	nd Con	nplia	nce S	chedul	le		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0160024 B	PA BRIDGEWATER FIRE DEPARTMENT					N	IC	25	L	GW	
Local Address (where applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural	
100 MAIN STREET				Connectio	ons		1				
Towns Served: BRI	IDGEWATER				<u> </u>						
Name				Organization			Job Title				
Mr. Neil Cable				Bridgewater	Fire Departr	nent	President				
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	State	Zip Code	
			P. O. Box 9				Bridgev	vater	СТ	06752	
Business Phone	Extension	Fax	Мо	bile Phone	Emergence	y Phone	Email Address				
860-354-5967					203-648	-7167					
Contact Role(s): L	egal Contact		*		1		1				

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0160034 BRIDGEWATER PLAZA CONVENIENCE STORE					NC	262	Р	GW			
Local Address (where applicable)  Service R				ntial	Commerci	al Industri	al Combine	ed Agricultural			

Connections

1

11 NEW MILFORD ROAD

Towns Served: BRIDGEWATER		· '	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u>'</u>		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	Monito	oring Requirem	ents			
Water System Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)				
Total Coliform (3100)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID	)	Monito	ring Period	Collection	on Period	<b>Compliance Status</b>
Select from Inventory of Active Sar	npling Points	10/1/18	3 - 12/31/18			Complete
		1/1/19	- 3/31/19			Complete
		4/1/19	- 6/30/19			
		7/1/19	9/30/19			
Physical Parameters (PPS)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID	Monito	ring Period	Collection	on Period	<b>Compliance Status</b>	
Select from Inventory of Active Sar	npling Points	10/1/18	3 - 12/31/18			Complete
		1/1/19	- 3/31/19			Complete
		4/1/19	- 6/30/19			
		7/1/19	9/30/19			
Water System Facility: ENTRY POIL	NT (WSF ID: 00700)					
Nitrate (1040)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID	)	Monito	ring Period	Collection	on Period	Compliance Status
ENTRY POINT (3)		10/1/18	3 - 12/31/18			Complete
		1/1/19	- 3/31/19			Complete
		4/1/19	- 6/30/19			
		7/1/19	9/30/19			
Nitrate And Nitrite (NOX)					1 ו	outine (RT) per year
Sampling Point (Sampling Point ID	)	Monito	ring Period	Collection	on Period	<b>Compliance Status</b>
ENTRY POINT (3)		1/1/18	- 12/31/18			Complete
		1/1/19	- 12/31/19			Complete
		1/1/20	- 12/31/20			
Wat	er System Facili	ty and Samplin	g Point In	ventor	У	
Water		•			Lead and	
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper	Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DBPR

			.,			7			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility IE	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20288	WELL	2	WELL	Α					

				<b>Contact Inf</b>	formation				
Name				Organization	า			Job Title	
Ms. Lisa McMahon				Bridgewater	Covenience Store		Manager/V.P.		
Mailing Address Lin	e One		Mailing A	ddress Line Two	1		City	State	Zip Code
11 New Milford Roa	ad West					Bridgew	ater	CT	06752
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-354-8203 860-355-3991						hridgew	ater@charterin	ternet co	m

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtmen	t of	Public 1	Health	Drir	nking	Water	Se	ction	
	Wa	ter Qua	lity Mo	onito	oring ar	nd Con	nplia	nce S	Schedul	e		
PWS ID F	WS Name						Classif	ication	Population	Owr	ner Type	Primary Source
CT0160034 E	BRIDGEWATER I	PLAZA CONV	ENIENCE S	TORE			N	С	262		Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al	Combine	ed Agricultural
11 NEW MILFORD	ROAD				Connection	S		1				
Towns Served: BR	IDGEWATER						·					
Contact Role(s):	Administrative	Contact	3331					bridge	water wernar	term	terrict.cc	)III
Name				Or	ganization						Job Title	9
Mr. Martin McMa	ahon			Bri	dgewater Co	onvenience	e Store		President			
Mailing Address L	ine One		Mailing A	ddress	Line Two				City		State	Zip Code
11 New Milford R	oad West							Bridge	water		СТ	06752
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	y Phone	Email A	Address			
860-354-8203		860-355-3	3991					BRIDGEWATER@MAGS.NET				
Contact Role(s):	Legal Contact. (	Owner			•							

### Contact Role(s): Legal Contact, Owner

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End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monito	oring and	d Con	npl	liance S	chedul	le				
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary So								Primary Source		
CT0160064	ST. MARKS EPISCOPAL CHURCH				NC	25		Р	GW		
Local Address	(where applicable)	Service	Residen	ntial	Commercia	l Industri	al	Combine	d Agricultural		
5 SOUTH MAIN	SOUTH MAIN STREET Connections										

Towns Served: BRIDGEWATER			·	'		,	
	Monito	oring Require	ments				
Water System Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) per q	uarter
Sampling Point (Sampling Point ID	)	Mor	nitoring Period	Collecti	ion Period	Compliance .	Status
Select from Inventory of Active San	pling Points	10/1	/18 - 12/31/18			Complet	te
		1/1	/19 - 3/31/19			Complet	te
		4/1	/19 - 6/30/19				
		7/1	/19 - 9/30/19				
Physical Parameters (PPS)					1 rou	tine (RT) per q	uarter
Sampling Point (Sampling Point ID	)	Mor	nitoring Period	Collecti	ion Period	Compliance .	Status
Select from Inventory of Active San	pling Points	10/1	/18 - 12/31/18			Complet	te
		1/1	/19 - 3/31/19			Complet	te
		4/1	/19 - 6/30/19				
		7/1	/19 - 9/30/19				
Water System Facility: ENTRY POIN	IT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (RT) pe	r year
Sampling Point (Sampling Point ID	)	Mor	nitoring Period	Collecti	ion Period	Compliance .	Status
ENTRY POINT (3)		1/1,	/18 - 12/31/18			Complet	te
		1/1,	/19 - 12/31/19				
		1/1,	/20 - 12/31/20				
	Other C	ompliance Sc	hedules				
Compliance Schedule Activity		•	Due Date		Achieved I	Date	
RESPOND TO SANITARY SURVEY			12/23/2018				
Wate	er System Facili	ity and Samp	ling Point In	ventor	У		
Water				Total	Lead and		
System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description		Coliform Rule	Copper Pula Tion	Asbestos WQP	Stage
	טו	Description	Status	Kule	nuie Her	ASUESTOS WUP	Z DBP

	Wa	ater System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20290	WELL	2	WELL	Α					
55734	PRESSURE TANK								

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Reverend Robert W	oodroofe III								
Mailing Address Lin	Mailing Address Line One Mailing Add				ess Line Two			State	Zip Code
5 Main Street South	l					Bridgewa	iter	СТ	06752
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
860-354-8269						smbridge	water@ao	l.com	
860-354-8269 Contact Role(s): <b>A</b> 6	dministrative	Contact, Leg	ral Contact			smbridge	water@ao	l.com	

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty From	01 11118 dill	a don	ipmamee t	onicaa		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0160064	T0160064 ST. MARKS EPISCOPAL CHURCH				25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
5 SOUTH MAIN	Connections		1				

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Conn	ecticut Dep	artment of	Public H	lealth	Drinki	ing W	ater Se	ection	
		•	ality Monit							
PWS ID	PWS Na		<u>J</u>	0					ner Type P	rimary Source
CT016007	4 BRIDGE	WATER VILLAGE ST	ORE			NC		35	Р	GW
Local Add	ress (where ap	plicable)		Service	Resident	ial Comm	nercial I	ndustrial	Combined	Agricultural
27 SOUTH	MAIN STREET			Connections		3	3			
Towns Ser	rved: BRIDGEW	'ATER			1	'	1	'		<u>'</u>
			Monito	oring Requ	ıiremei	nts				
Water Sy	stem Facility:	DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Co	liform (3100	)						1 ro	utine (RT)	oer quarter
Sam	pling Point (Sai	mpling Point ID)			Monitorii	ng Period	Collec	tion Period	Compli	ance Status
Selec	ct from Invento	ry of Active Samplir	ng Points		10/1/18 -	12/31/18			Co	mplete
					1/1/19 -	3/31/19			Co	mplete
					4/1/19 -	6/30/19				
					7/1/19 -	9/30/19				
_	Parameters	= =						1 ro		oer quarter
Samı	pling Point (Sai	mpling Point ID)			Monitorii		Collec	tion Period	Compli	ance Status
Selec	ct from Invento	ry of Active Samplir	ng Points			12/31/18				mplete
					1/1/19 -				Со	mplete
					4/1/19 -					
					7/1/19 -	9/30/19				
Water Sy	stem Facility:	ENTRY POINT (	(WSF ID: 00700)							
	And Nitrite(I	-							· -	T) per year
		mpling Point ID)			Monitorii	_	Collec	tion Period		ance Status
ENTR	RY POINT (3)				1/1/18 - 3				Co	mplete
					1/1/19 - :					
					1/1/20 - :	12/31/20				
		Water 9	System Facili	ty and Sai	npling	Point Ir	rvento	ry		
Water							Total	Lead and		
System	Water System	n Facility	Sampling Point		nt		Coliform			Stage
Facility ID			ID	Description		Status	Rule	Rule Tiei	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION	N SYSTEM	4	DISTRIBUTIO		Α	Υ			
			DOWNSTREAM							
			UPSTREAM	WITHIN 5 SEF						
00700	ENTRY POINT		3	ENTRY POINT	•	Α				
20291	WELL		2	WELL		Α				
57885	BLADDER TAN	IK								
			Con	tact Infori	mation					
Name			Oı	ganization					Job Title	

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Bridgewater Village Store, Inc

Mailing Address Line Two

Mobile Phone

P.O. Box 301

Fax

860-354-5517

Vice President

City

MAYWOOD2@AOL.COM

Bridgewater

Emergency Phone | Email Address

203-994-4801

State

СТ

Zip Code

06752

Mr. Gregory L. Bollard

27 Main Street South

**Business Phone** 

860-354-4104

Mailing Address Line One

Extension

101

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quarity mor	into mig am	u uon	upi	ilanice i	Ciicaai	.C	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0160074	CT0160074 BRIDGEWATER VILLAGE STORE				NC	35	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
27 SOUTH MA	Connections			3				
								· · · · · · · · · · · · · · · · · · ·

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